

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031070

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 147

STATE FILE NUMBER

VS 300 Rev. 4/59		DATE AMENDED		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
1 1085		2 02012		a. COUNTY <u>Vernon</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
3		4 1		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		c. CITY OR TOWN <u>El Dorado Springs</u>	
5 2		6 1		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>411 South Ash St. Fanning Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
7 1		8 2		d. STREET ADDRESS <u>South Forest St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
9 331X		10		3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY HENRY</u>		4. DATE OF DEATH Month Day Year <u>7-18-63</u>	
11		12 860		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>	
13 1-0		14		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4-27-1879</u>	
		15		9. AGE (last birthday) <u>84</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
		16		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
		17		11. BIRTHPLACE (City and state or country) <u>Riverton, Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
		18		13a. FATHER'S NAME <u>George Mayhar</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Scott</u>	
		19		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
		20		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
		21		17. INFORMANT <u>Earnest Henry</u>		Address <u>El Dorado Spgs., Mo</u>	
		22		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) <u>Cerebral arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>10 years</u>	
		23		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
		24		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
		25		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
		26		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
		27		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		28		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
		29		21. I attended the deceased from <u>April 1961</u> to <u>July 18, 63</u> and last saw her alive on <u>July 16, 1963</u> Death occurred at <u>6:20 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
		30		22a. SIGNATURE (Degree or title) <u>Paula Jean Smith</u>		22b. ADDRESS <u>Nevada Mo</u>	
		31		22c. DATE SIGNED <u>7/20/63</u>			
		32		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>7-21-63</u>	
		33		23c. NAME OF CEMETERY OR CREMATORY <u>Virgil City Cemetery</u>		23d. LOCATION (City, town, or county) <u>Vernon County, Mo.</u>	
		34		24. FUNERAL DIRECTOR <u>Ginn-Carothers</u>		ADDRESS <u>El Dorado Spgs., Mo.</u>	
		35		25. DATE RECD. BY LOCAL REG. <u>7-23-1963</u>		26. REGISTRAR'S SIGNATURE <u>Anna E. Perry</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed May W. Dickering

Licensed Embalmer No. 4696

P. O. Address El Dorado Spgs., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.